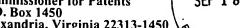
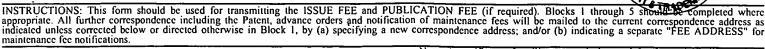
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						(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.				
10/620,685	07/17/2003		Akio Tajima	09/21/20	N03404US 809 FH0HAHH1 00000038	19629685 ⁹⁶³⁴				
TITLE OF INVENTION	AN OPTICA	AL SIGNAL SWI OPTICAL PRO	TCHING DEVIC	E FORM FC:15	501 504	1510.00 OP 300.00 OP 15.00 OP				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/21/2009				
EXAMINER		ART UNIT	CLASS-SUBCLASS	,						
LEUNG, CH	RISTINA Y	2613	398-005000	•						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
NEC Corpo		categories (will not be pr	Tokyo, JAPA		rporation or other private gro	oup entity Government				
	o small entity discount profesional for the following series of Copies	oermitted)	A check is enclosed. Payment by credit care	d. Form PTO-2038	y previously paid issue fee is attached. ge the required fee(s), any der 50-0481 (enclose a	·				
	SMALL ENTITY state	Sec 37 CFR 1.27.			L ENTITY status. See 37 Contered attorney or agent; or the					
Authorized Signature	INV			Date <u>S</u> e	eptember 18,	• 14				
	Pnilip E	. Miller, Es	• .	Registration No	o. <u>46,060</u>					

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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VIENNA, VA 22		Hand-			petivered	(Depositor's name)				
								(Signature)		
								(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR		ATTO	ENEY DOCKET NO.	CONFIRMATION NO.		
10/620,685	07/17/2003		Akio Tajima	na N034			N03404US	9634		
TITLE OF INVENTION:	AN OPTICA	AL SIGNIAL C	WITCHING							
AN OPTICAL SIGNAL SWITCHING DEVICE FOR USE IN AN OPTICAL PROTECTION NETWORK										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300		\$0		\$1810	09/21/2009		
EXAMIN	IER	ART UNIT	CLASS-SUBCLA	SS			•			
LEUNG, CHR	ISTINA Y	2613	398-005000							
l. Change of corresponden CFR 1.363).	ce address or indication	n of "Fee Address" (3	2. For printing or	n the p	atent front page, lis	st				
Change of correspor	ce or agents OR, ali	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a								
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required.	registered attorn	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
. ASSIGNEE NAME AN								***		
PLEASE NOTE: Unles recordation as set forth	s an assignee is identi in 37 CFR 3.11. Comp	fied below, no assig	nce data will appear on NOT a substitute for fili	the pa	atent. If an assign	ce is ide	entified below, the doc	ument has been filed for		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
NEC Corpo	ration		Tokyo, J	APA	ΔN					
Please check the appropriat	c assignce category or	categories (will not b	oe printed on the patent)	: 🗆	Individual 🛱 Co	orporatio	on or other private grou	p entity Government		
a. The following fee(s) are	submitted:		4b. Payment of Fee(s)		se first reapply an	ny previ	ously paid issue fee sh	own above)		
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